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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/805,755
		Filing Date	March 13, 2001
		First Named Inventor	Samson X. Huang
		Art Unit	2673
		Examiner Name	Tom V. Sheng
Total Number of Pages in This Submission	6	Attorney Docket Number	42390P10038

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response <ul style="list-style-type: none"> <li><input type="checkbox"/> After Final</li> <li><input type="checkbox"/> Affidavits/declaration(s)</li> </ul> <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <li><input type="checkbox"/> PTO/SB/08</li> </ul> <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <ul style="list-style-type: none"> <li><input type="checkbox"/> Basic Filing Fee</li> <li><input type="checkbox"/> Declaration/POA</li> </ul> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<input type="checkbox"/> - Check in the amount of \$500.00 <input type="checkbox"/> - Return Receipt Postcard	
			Remarks	

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

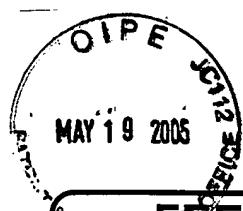
Firm or Individual name	Paul A. Mendonsa, Reg. No. 42,879  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	May 16, 2005

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Rachael L. Brown
Signature	
Date	May 16, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 06/04/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



<b>FEET TRANSMITTAL for FY 2005</b>		Complete if Known	
Patent fees are subject to annual revision.		Application Number	09/805,755
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	March 13, 2001
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		Examiner Name	Samson X. Huang
500.00		Art Unit	2673
		Attorney Docket No.	42390P10038

**METHOD OF PAYMENT (check all that apply)**

- Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_
- Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayment of fee(s)  Credit any overpayments
- under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

**FEE CALCULATION**
**1. EXTRA CLAIM FEES**

		Extra Claims	Fee from below	Fee Paid
Total Claims	15	22*	= 0	\$0.00
Independent Claims	3	5* = 0	x 200.00	\$0.00
Multiple Dependent			=	

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)			(\$)	0.00

\*\*or number previously paid, if greater, For Reissues, see below

**2. ADDITIONAL FEES**

Large Entity	Small Entity
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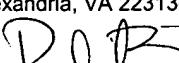
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	500.00
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			(\$)		
SUBTOTAL (2)			(\$)	500.00	

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879	Telephone	(503) 439-8778
Signature				Date	05/16/05



<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional)  42390P10038
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  Signature  Typed or printed name <u>Rachael L. Brown</u>  May 16, 2005		In re Application of  <b>Samson X. Huang, et al.</b>  Application Number      Filed <u>09/805,755</u> <u>03/13/2001</u>  For  <b>System and Method For Intensity Control Of A Pixel</b>  Art Unit      Examiner <u>2673</u> <u>Tom V. Sheng</u>
<p>Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) <u>\$500.00</u></p> <p><input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: _____</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of the fee transmittal.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2666</u>. I have enclosed a duplicate copy of the fee transmittal.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p>		
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.</b></p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.  Signature <u>Paul A. Mendonsa, Reg. No. 42,879</u> Typed or printed name</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>		
<p><input type="checkbox"/> *Total of _____ forms are submitted.</p>		

Based on PTO/SB/31 (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 09/11/2003.  
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